Medication Management

It is best if children receive medications at home. Many medications can be scheduled so children will not have to receive them while in care. However, at our program, the director, and designated staff are trained to safely administer medications and/or perform medication delivery treatments to children in our care.

All instructions regarding dosage and administration route (amount, frequency, and how it goes into the body) for giving medications are followed carefully. We cannot administer a medication differently from the instructions on the medication's label without verifiable written instructions from the child's health care provider. This includes prescription and over-the-counter medications.

In our facility the Director designated to administer medications or treatments is _____ (first and last name of designated staff).

The facility staff members designated to administer medications or treatments are _____ (designated staff).

Each day the name of the person responsible for giving medications is posted _____ (where).

Medication Management Guidelines

- We have a current medication resource book, to help answer questions about medications or reactions : _____ (name of book). The medication resource book is kept _____ (where).
- A written permission form is on file, identifying the child and instructions for the medication or treatment to be given.
- We never administer the first dose of a medication to a child, even if the child has previously taken the medication.
- Medication is never transferred from its original container into another container.
- We do not stock medications for general use with enrolled children.
- All medication measures, applicators and treatment equipment are clean and sanitary for each use.
- All non-disposable medication measures, applicators and treatment equipment are labeled with the child's first and last name.

- We return any unused medication to the parent when the date has expired or the medication is no longer being administered to the enrolled child.

- If a child absolutely refuses or spits out the medication, we document the time and name of the missed dose but do not re-dose. _____ (designated staff) will notify the parent of the missed dose.

We always wash our hands before preparing to give medications or treatments.

Six "Rights" of Medication Administration

Staff who give medications always assure these "Rights:"

- The Right medication
- The Right dose
- The Right child
- The Right time
- The Right route
- The Right documentation

Parent/Guardian Written Permission

A written medication consent (permit, authorization) is required for all non-prescription (also called over-the-counter) and prescription medications and/or treatments administered by staff. This written consent form includes, but is not limited to:

- First and last name of the enrolled child

- Name of the medication and medication strength

- Dosage of the medication; how much and how often

- Method of administration, mouth, on the skin, drops in the eye, etc.

- Date the medication was prescribed; not more than two weeks old (Exceptions may be medications used infrequently for specific crisis intervention.)

- A diagnosis for the medication (why the medication is given)

- Prescription number and pharmacy name, if prescription medication

- Instructions, step-by-step, for specific treatments

- Parent/guardian printed name and signature

- Contact phone number for the parent in case of an emergency or for questions

Blank Medication Permission forms are kept _____ (where).

Currently active medication/treatment permission forms are kept _____ (where).

Past (completed) medication/treatment permission forms are kept _____ (where).

Container Labels

Both prescription and over-the-counter medication must come to our facility in their original containers. To be within legal guidelines, medications must be clearly identified by name and be within designated expiration dates. A medication container label must include:

- Child's first and last name
- Date the medication was prescribed or recommended by the Health Care Provider, with expiration dates clearly marked
- Name of the medication and medication strength
- Method of administration, for example: by mouth, on the skin, in the eye, etc.
- Dosage of the medication, how much and how often
- Name of the health care provider who prescribed or recommended the medication
- Special considerations or information regarding the medication, i.e., give with food, do not crush, avoid direct sunlight, clean the wound first, etc.
- All prescription medications must have the name and phone number of the pharmacy clearly indicated. Use this number to clarify instructions or answer specific questions about the medication's use or adverse reactions.

Medication Storage

All medications, non-prescription or prescription, must be stored out of reach of children and in a locked cabinet or container.

- Medications requiring refrigeration are stored in a locked, leak-proof container placed on the bottom shelf of a designated refrigerator.
- Medications are not stored in the door of the refrigerator. Medications are not stored under dripping or uncooked foods. Should the packaging of a food item be damaged or leaking or if the food is uncooked, we move the medications to a shelf above the food item in order to avoid contamination of the medication.

- Medications for staff are stored in a separate, locked container. The medication must be clearly labeled with the staff person's name and be in the original medicine containers. (i.e., Tylenol, prescription bottles, eye drops, etc.)

- Any specialized treatment equipment (breathing machines, diabetes monitoring, etc.) must be labeled with the child's first and last names and be stored out of reach of children when not in use.

Refrigerated medications are stored _____ (where).

Non-refrigerated medications are kept _____ (where).

Specialized treatment equipment is kept _____ (where).

Medication Documentation Guidelines

We document the administration of medications and treatments immediately when given in order to prevent errors.

Documentation forms include a place for:

- Child's first and last name

- Current date

- Name and prescription number (if any) of medication

- Time medication or treatment was given

- Dosage of medication (treatment) given

- Signature of the adult administering the medication or treatment. (Initials only are not acceptable, as they are not a clear identifier of the "giver.")

- Record any refusal, changes in behavior, or symptoms of a reaction and any actions taken after giving medication.

- Record the date a medication was stopped. Send unused or empty medication containers home with the parent or guardian.

In our program, administered medications and treatments are documented _____ (where).

Medication Consent Form
http://www.azdhs.gov/als/forms/ccgh7.pdf

Food Service

Parent-Provided Meal Service
(Facility does not have a licensed kitchen or parent chooses to provide meals)

Parent-provided lunches will be placed in the designated refrigerator by _____ (designated staff). All items will be pre-cooked.

In an emergency, a small variety of packaged foods are available to serve to a child who has no lunch.

Lunches will be regularly reviewed to ensure the content meets the needs of growing children. _____ (designated staff) can provide more information about nutritious foods for lunches.

We will provide milk or juice to a child if milk or juice is not provided by the parent.

Food Service Provided By the Facility

All meals and snacks provided by our program meet the nutritional needs of young children. Menus are planned using the guidelines provided by the United States Department of Agriculture's Child and Adult Care Food Program.

- Menus are posted at least one week in advance.

At 1 year of age, babies on formula can switch to whole cow's milk. Children under two years of age need fat for brain development. At their second birthday, if growth is steady, the child can switch to low-fat or non-fat milk.

All food served to children by this program will come from an approved and inspected source (grocery store, bakery, restaurant).

- Home-prepared foods including birthday cupcakes and holiday treats will not be served to children.

If our program does not have a licensed kitchen for food preparation, snacks will consist of items packaged in single-servings by the commercial producer and that can be served without mixing, chopping, etc.

Fresh water is available to children throughout the day in each classroom or activity area and outdoors.

Caterers

Only caterers approved and inspected by the local health department are contracted to supply food for this program.

Food Service Activities

All food preparation activities will be carried out as described in the Arizona Food Code and local applicable rules and regulations.

- Our program's cook and _____ (designated staff) have current food handler's cards awarded by the local health department.

- Food preparation and food service staff do not change diapers until food handling activities are completed for the day.

Dishwashing

Our program washes dishes using a mechanical dishwasher or a 3-compartment dishwashing area approved by the local health department.

When dishwashing is not available, our program uses disposable plates, cups and utensils that are used once then discarded.

Nutrition

We are concerned that the food served to children in our program be healthy and nutritious in order to support the growth and development of young children.

- All meals and snacks provided by our program meet the nutritional needs of young children. Menus are planned using the guidelines provided by the United States Department of Agriculture's Child and Adult Care Food Program (USDA-CACFP). We strive to prepare tasty and nutritious foods which:
  - contain essential nutrients and food energy;
  - have the right balance of carbohydrate, fat, and protein;
  - are obtained from a variety of foods that are available, affordable, and enjoyable;
  - reflect the cultural and ethnic heritage of our community;
  - use whole, fresh or fresh frozen rather canned fruits and vegetables or juice;
  - use whole grain breads and cereals;
  - use boiled or baked rather than fried foods.

- Lunches brought from home will be reviewed regularly to ensure the content meets the needs of growing children. _____ (designated staff) can provide more information about nutritious foods for lunches.

- Menus created by _____ (designated staff) are posted at least one week in advance so that parents have an opportunity to review and comment on foods that may contain allergens their child is unable to eat.

At 1 year of age, babies on formula can switch to whole cow's milk. Children under two years of age need fat for brain development. At their second birthday, if growth is steady, the child can switch to low-fat or non-fat milk.

We limit foods high in sugar and fat such as cakes and cookies. Soda is not served.

Helping Children Develop Healthy Attitudes About Food

In our program, children learn that food is a source of energy for growing and active play.

- Meals and snacks are served at the same time each day.

- Children are served portion sizes recommended by United States Department of Agriculture's Child and Adult Care Food Program Meal Patterns (USDA-CACFP).

- If still hungry, a child may have additional servings.
- Second servings on vegetables, fresh fruit, and whole grain breads and cereals are offered first.

- We do not insist that children clean their plates.
- We do not use food as a comfort, reward, or distraction.
- We do not withhold food as a form of discipline.
- Staff create a pleasant environment for meals and snacks.
  - Meal and snack times are not a time for lecturing or punishing.
- Staff model healthy food behaviors.
  - Staff and children eat meals together.
- We gently encourage the development of self-help skills and table manners.

Food Safety

We avoid foods that can cause choking such as nuts, popcorn, hard candy, large marshmallows, large bites of meat, raw vegetables, hot dogs, cherry tomatoes, whole grapes, etc.

- Round foods are cut into strips before serving.
- If children do not yet have their “grinding teeth” (molars), which come in between 13 and 19 months, raw vegetables are steamed until soft (but not mushy) before being served.
- When serving peanut butter to young children, we always use the creamy variety and spread it thinly on bread or crackers.
- Staff always supervise children when they are eating.

CACFP Meal Patterns
http://www.fns.usda.gov/cnd/Care/ProgramBasics/Meals/Meal_Patterns.htm#Infant_Breakfast

Infant Feeding

All infant meals and snacks provided by our program meet the nutritional needs of young children. Menus are planned using the guidelines provided by the United States Department of Agriculture's Child and Adult Care Food Program (USDA-CACFP).

In our program, infant formula is provided by _____ (parent or program). Baby foods are provided by _____ (parent or program).

Bottle and Infant Food Storage

- Full bottles will be refrigerated immediately upon arrival at the center or after mixing, unless being fed to an infant right away.
- Bottles are labeled with the infant's name and the date the bottle was prepared or the date the breast milk was expressed.
- Bottles will be stored in the coldest part of the refrigerator and not in the refrigerator door.
- Used bottles and infant food fed from the jar will not be put back in the refrigerator for later use. They will be discarded after one hour.
- Perishable foods will be stored below 45°F. _____ (designated staff) is responsible for monitoring the temperature of the refrigerator twice each day. A thermometer kept in the refrigerator will read between 35°F and 45°F at all times.

Bottle and Infant Food Preparation

- Before preparing bottles or food, staff will wash their hands in the hand washing sink.
- Preparation surfaces will be cleaned and disinfected before preparing formula or food.
- Microwave ovens and crock pots are not used to heat formula, breast milk or baby food.
- Frozen breast milk is thawed overnight in the refrigerator and the bottle is warmed in a cup of warm water just before feeding.

BREAST MILK STORAGE GUIDELINES				
	Room Temperature	**Refrigerator**	**Home Freezer**	**-20°C Freezer**
Freshly expressed breast milk	1 hour	48 hours	3-6 months	6-12 months
Thawed breast milk (previously frozen)	Do not store	24 hours	Never refreeze thawed milk	Never refreeze thawed milk

- All unused, filled bottles of formula will be returned to the parent at the end of each day.

- Bottles to be re-used will be washed by a 3-sink method (wash, rinse, sanitize) or in the dishwasher.

- Powdered formula cans will be dated when opened and stored in a cool, dry place for up to one month.

- Medication is never added to breast milk or formula except with the written instruction of the health care provider.

Infant Food

- When parents provide food from home, it will be labeled with the child's name and dated. Perishable foods will be stored below 45° F.

- As parents introduce foods to infants at home, they may be added to their child's feeding instructions for our program.

- Bottles are used for the first year, however, sippy cups may be introduced at 5-6 months of age. Sippy cups are used while the infant is sitting in a high chair and as part of the meal.

- No egg whites (allergy risk) or honey (bacteria risk) will be given to children under 12 months of age.

- Children 12-23 months will be given whole milk, unless the child's parent and health care provider have submitted a written request that the child be fed low-fat milk or a non-dairy milk substitute.

Feeding Infants

- Infants will be held with heads slightly elevated while bottle feeding.

- Bottle propping is never allowed.

- When feeding an infant, staff will respond to hunger cues (e.g., fussiness, crying, opening mouth as if searching for a bottle/breast, hands to mouth, turning to caregiver or food, etc.) and signs the infant has had enough (e.g., falling asleep, decreased sucking, relaxing, pulling or pushing away).

- When infants can hold their own bottles, they are held or placed in a high chair or other seat for feeding.

- Infants will eat from plates and utensils on appropriately sanitized surfaces, such as feeding station tables and high chair trays.

- A bottle provided to an infant in the crib may only contain water. (This will reduce early tooth decay and ear infections.)

- Chopped, safe, table foods (no larger than ¼ inch cubes for infants and ½ inch cubes for toddlers) are encouraged after 10 months of age.

- Cups and spoons are encouraged by 9 months of age.

- Bottles and sippy cups are used by infants as part of the meal or snack. Bottles and sippy cups are removed at the end of the meal or snack, before the child is returned to the crib or play area. Children will eat from plates and utensils or appropriately sanitized surfaces, including high-chair trays.

Supporting Breastfeeding Mothers and Infants

Our program recognizes that breast milk contains a unique mixture of nutrients that promote brain development, growth, digestion and protection from illness in the infant. We support breastfeeding throughout the first year and for as long as the infant and mother choose to continue breastfeeding. We support breastfeeding in these ways:

- _____ (designated staff) will create a plan with the parent to allow the infant to be fed on demand by the mother or with expressed breast milk.

- _____ (designated staff) will make sure that breast milk is stored and handled appropriately.

- A quiet place for mothers to nurse their babies is always available.

- We assure that an infant receives only the breast milk intended for that infant by making sure bottles are carefully labeled with the child's first and last name. A marker with waterproof ink and moisture-resistant tape are available at the refrigerator for labeling bottles. All staff and volunteers know both the first and last name of an infant for whom they are preparing a bottle and are directed to carefully read the name on the bottle.

- Gloves are not worn to feed expressed breast milk to an infant. However, gloves are worn to clean up a large spill of breast milk.

- If an infant receives breast milk not meant for that infant, the child's parents will be notified by _____ (designated staff) and a recommendation to contact the infant's health care provider will be made. The health care provider may order a baseline test for HIV immediately and again up to nine months later.

The status of the infant's hepatitis B immunizations will also be checked. Parents will be reassured that the risk of transmission of HIV through this type of mix-up is very low.

- _____ (designated staff) will contact the mother whose breast milk was fed to the wrong infant and describe the situation. This mother will be asked if she has ever had an HIV test and if she is willing to share the results with the parents of the child who received the wrong breast milk. If she does not know or has never had an HIV test, a call to her health care provider will be recommended with a suggestion that results be shared with the parents of the infant who received the wrong breast milk.

Safe Infant Sleep

When parents enroll an infant in this program, a copy of our program's Infant Sleep Policy is provided by the staff member assisting with the enrollment documentation.

All new staff and volunteers receive orientation on this program's Infant Sleep Policy. All care giving staff and volunteers receive an annual update on this program's Infant Sleep Policy.

Parent information literature from the American Academy of Pediatrics, First Candle, the Association of SIDS and Infant Mortality Programs, the National Institutes of Health and other recognized authorities on infant health will be readily available to parents. _____ (designated staff) is responsible for restocking this literature.

Sleep Position

- _____ (designated staff) will assure that infants who have not reached their first birthday are always placed on their backs for sleep.
- Infants who are easily able to turn from front to back and back to front, will be placed on their backs for sleep, but may then choose their own sleeping position (usually age 6 months or later).
- Infants will be placed in a side-lying or stomach sleeping position only when a written request from the infant's doctor has been received by the program. Care giving staff will then be directed by _____ (designated program administrator) in the placement of the infant for sleep.
- Unless specified by the infant's doctor, positioning devices that restrict the infant's movement in the crib will not be used.

Sleeping Environment

In our program, all infants will sleep in a crib. Car seats, swings, and infant seats, etc. are not designed for safe sleeping.

- Our cribs meet Arizona Department of Health Services, Office of Child Care Licensure Child Care Facility Rules. _____ (designated staff) will complete a safety check of cribs each week to assure that each crib frame:
  - ✓ feels solid and mattress supports are secure;
  - ✓ has no loose, missing, or broken hardware (nuts, bolts, screws);
  - ✓ has no cracked or peeling paint;

- ✓ has no splinters or rough edges;
- ✓ with drop-side latches is working properly and that latches securely hold the sides when raised; and
- ✓ has a mattress that fits snugly in the crib frame and is covered with a tightly fitted sheet.

- Cribs are located away from windows, wall hangings, electrical and window-covering cords, and other dangerous items.
- Cribs do not contain bumper pads, pillows, soft toys, fleece cushions or thick blankets.
- Our program places infants in the feet-to-foot sleeping position. Feet-to-foot means the baby's feet are at the bottom of the crib, a light blanket is placed no higher than the baby's chest, arms outside the blanket, and the blanket is tucked in around the crib mattress.
- No items are strung from one side of the crib to the other.
- Coverings are never placed over the crib or over the infant's face.

A Child Care Provider's Guide to Safe Sleep
http://www.healthychildcare.org/pdf/SIDSchildcaresafesleep.pdf

Child Abuse and Neglect

Child abuse and neglect occur in families from all socioeconomic, ethnic, and educational backgrounds.

Staff Training

Our staff is trained to recognize the signs and symptoms of abuse and neglect and how to make reports to Child Protective Services or to local law enforcement agencies.

- All staff receive this training as a part of their orientation process within 10 days of beginning work. _____ (designated staff) is responsible for providing this orientation.

- Every two years, our program arranges with Child Protective Services, the local university, community college, health department or other recognized resource to provide expert training on child abuse and neglect. The training will include an opportunity to ask questions. At this session, our program's written policies related to reporting abuse and neglect are reviewed.

Recognizing Abuse and Neglect

Staff receive training on the signs and symptoms of abuse and neglect listed below. However, staff are reminded that while these signs and symptoms can be indicators of abuse, they would usually be accompanied by changes in the behavior of the child and/or the person abusing the child.

Physical abuse may be due to harsh or out-of-control punishment. Frequently physical abuse results from a violent, explosive situation. Added stress or substance abuse (including alcohol) is often present in the home. Observe for:

- Bruises, particularly in soft, fleshy areas such as the upper ear or ear lobes, neck, upper arms, inner thighs, cheeks, mouth and lips, etc.
- Bruises that have distinctive shapes or patterns such belt marks, looped electrical cords, hand shape, etc.
- Burns or other injuries resulting from cigarettes, or in unusual places such as the soles of the feet, back, or buttocks
- A variety of bruises, cuts or burns in different stages of healing
- Human bite marks
- Hair loss or bald spots

Sexual abuse is any contact between a child and adult where the child is used for a sexual purpose such as fondling, indecent exposure, child pornography, intercourse, or exploitation. Sexual abuse is usually associated with threats of harm, thereby insuring secrecy. Observe for:

- Pain or itching of the genitals
- Bruises or bleeding of the genitals
- Strange or unpleasant odors from the genitals, even after bathing
- Difficulty in walking or sitting
- An unusual or chronic fear of going home
- Advanced knowledge of sexual acts, words or slang terminology
- “Sexy” language, precocious sex play, excessive curiosity about sexual matters
- Sudden changes in behavior
- Fear of closed doors, showers, or bathrooms
- When a child reveals he or she has been sexually abused

Emotional abuse generally involves verbal abuse, or extended periods of silence or indifference. Lasting effects can include poor self-image and lowered self-esteem. Observe for:

- Fear of adult contact
- Poor friendship skills
- Aggressive or acting out behavior
- Speech disorders (stuttering, etc.)
- Severe withdrawal
- Making negative comments about self
- Being overly anxious to please adults

Neglect occurs when a child could be harmed by what the parent or guardian does not do. This generally involves malnutrition, inappropriate clothing for age or weather, chronically-soiled clothing and/or a lack of adult supervision. Observe for:

- Constant hunger
- Tiredness, no energy
- Frequent need for a bath or other personal care
- Need for medical or dental attention
- Frequent absences from school
- Clothes which are dirty or wrong for the weather
- Falling asleep in class
- Constantly stealing or hoarding objects or food

Endangerment through drug-exposure occurs when a child is exposed to the use or manufacture of dangerous drugs or the harmful chemicals used in manufacturing dangerous drugs, whether in a structure, such as a home, or a vehicle. There is no clear single sign of exposure to drugs or drug manufacturing. However, observe for:

- Signs of physical neglect
- Fast or difficult breathing from exposure to toxic chemicals
- Fast heart beat
- Eye or skin irritation, or chemical burns

Immediate Interventions

When a child arrives at our program with bruises, cuts or burns, etc., we document it _____ (where).

- If staff believe an injury may have a logical explanation, the injury may be discussed with the parent to further assess the situation.

- If we suspect abuse, _____ (designated staff) will contact child protection authorities. In Arizona, call 1-888-767-2445 (1-888-SOS-CHILD) or police for instructions.

- If we believe a child is in immediate danger, _____ (designated staff) will call local law enforcement (911, police, sheriff, Department of Public Safety).

- If the parent or legal guardian of the child is suspected of abuse, we will follow the guidance of Child Protective Services or law enforcement agency regarding notification to the parent or legal guardian.

- Documentation of the event will:
  - Include a word-for-word account, without any editing, of what the child said and who was present when the child revealed the abuse. Additionally, record the child's emotional state, gestures, and facial expressions and what was happening at the time the child revealed the abuse.
  - Always include the date, time, and names of everyone who heard what was said by the child.
  - Also include a careful description of the size, shape, color, location and drainage of any obvious, physical injury and if necessary, a drawing describing the injury.
- A written report to Child Protective Services and Office of Child Care Licensure will be completed within 48 hours.

- Office of Child Care Licensure will be notified within 24 hours that a report of abuse has been made. This will be followed with a written report within three days. A copy of this documentation should be kept for 12 months.

Accusations of Abuse Made Against Program Staff

If a staff member is accused of child abuse, a report will be made immediately to local law enforcement and the child's parent will be notified by _____ (designated staff). During the ensuing investigation, our program will follow the advice of law enforcement and our attorney regarding suspension or reassignment of the accused staff member to tasks unrelated to the care of children.

Our program prevents accusation of child abuse by:

- Conducting the arrival health check each day and documenting any injuries or physical marks the child may have.
- Always having at least 2 staff on-site.
- Making sure all rooms are easily observed through windows, doors or by other means.
- Providing staff rest breaks _____ (when) for time periods of _____ (how long).
- Being sensitive to "touch" issues for both children and adult.
- Having clear discipline and child guidance policies.
- Providing staff training on child development and behavior management.
- Hiring staff and screening volunteers only after completing personal and professional reference checks and fingerprint clearances.
- Making periodic staff observations and supervision with recommendations for job improvement.

Documentation Sheet for Possible Abuse/Neglect
http://www.azdhs.gov/als/forms/ccgh4.pdf